

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003022

FILED
Apr 15, 2008
Secretary of State

Entity Name: JACKSONVILLE HOCKEY BOOSTERS CLUB, INC.

Current Principal Place of Business:

5140 SILO ROAD
ST AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

PO BOX 23893
JACKSONVILLE, FL 322413893

New Mailing Address:

FEI Number: 20-1899480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TICE, CLIFFORD
5140 SILO ROAD
ST AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GORMAN, RITA
Address: 7220 STONEHURST ROAD NORTH
City-St-Zip: JACKSONVILLE, FL 32277

Title: T () Delete
Name: BALDWIN, BARBARA
Address: 10404 ROTHBURY DR. S
City-St-Zip: JACKSONVILLE, FL 32221

Title: V () Delete
Name: FORD, TAMI
Address: 5239 FREEMONT ST
City-St-Zip: JACKSONVILLE, FL 32210

Title: S () Delete
Name: ROBERSON, HOLLY
Address: 1752 VILLAGE LANE
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: TICE, BRIDGET
Address: 5140 SILO RD
City-St-Zip: ST AUGUSTINE, FL 32092

Title: P () Delete
Name: TICE, CLIFFORD
Address: 5140 SILO RD
City-St-Zip: ST AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA BALDWIN

MRS.

04/15/2008

Electronic Signature of Signing Officer or Director

Date